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**FEE TRANSMITTAL  
for FY 2001**

Patent fees are subject to annual revision.

**Complete if Known**

Application Number	09/807,402
Filing Date	August 3, 2001
First Named Inventor	Peter HOFERT et al.
Examiner Name	Leigh C. Maier
Group / Art Unit	1623
Attorney Docket No.	SCH-1808

**TOTAL AMOUNT OF PAYMENT** (\$) 440

<b>METHOD OF PAYMENT (check one)</b>		<b>FEE CALCULATION (continued)</b>						
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:  Deposit Account Number: 13-3402  Deposit Account Name: Millen, White, Zelano & Branigan, P.C. <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>3. ADDITIONAL FEES</b>						
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other								
<b>FEE CALCULATION</b>								
1. BASIC FILING FEE								
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid			
1001	750	2001	375	Utility filing fee				
1002	330	2002	165	Design filing fee				
1003	520	2003	260	Plant filing fee				
1004	750	2004	375	Reissue filing fee				
1005	160	2005	80	Provisional filing fee				
SUBTOTAL (1)					(\$ 0)			
2. EXTRA CLAIM FEES								
Total Claims	-20**	=	0	X	Fee from below	=	0	Fee Paid
Independent Claims	-3**	=	0	X		=	0	
Multiple Dependent		X		=	0			
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description				
1202	18	2202	9	Claims in excess of 20				
1201	84	2201	42	Independent claims in excess of 3				
1203	280	2203	140	Multiple dependent claim, if not paid				
1204	84	2204	42	** Reissue independent claims over original patent				
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent				
SUBTOTAL (2)					(\$ 0)			
				Other fee (specify) _____				
				*Reduced by Basic Filing Fee Paid		SUBTOTAL (3)		(\$ 440)

\*\*or number previously paid, if greater; For Reissues, see above

<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>			
Name (Print/Type)	Csaba Henter	Registration No. Attorney/Agent)	50,908	Telephone	(703) 243-6333
Signature		Date	May 26, 2004		

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